

Travel & Expense Account Summary

Employee Name Lynn Daucher
Expense Dates 05/12/09-05/20/09
Report Name Dir-May 2009

Request Total \$ 460.20
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = **460.20**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	May 2009	460.20

NOTE: (d)=Direct Charge

DATE	Tue May 12	Thu May 14	Fri May 15	Mon May 18	Tue May 19	Wed May 20				TOTAL
Road Tolls	8.00									8.00
Parking, Auto	15.00	9.00		9.00	9.00	9.00				51.00
Commercial Air Fare		109.60				49.60				159.20
Mileage Personal Auto		15.95	6.05	43.45	160.60	15.95				242.00
TOTALS \$	23.00	134.55	6.05	52.45	169.60	74.55				460.20

TRAVEL EXPENSE CLAIM

STD 262 (REV 6/93) (DHS Electronic)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of

CLAIMANT'S NAME

Daucher, Lynn

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

CA Department of Aging

POSITION

DIRECTOR

CB/ID NUMBER

DIVISION OR BUREAU

Directorate

INDEX NUMBER

RESIDENCE

HEADQUARTERS ADDRESS

1300 National Drive, Ste 200

TELEPHONE NUMBER

916-419-7500

CITY

CITY

Sacramento, CA

STATE

CA

ZIP CODE

95834

(1) MONTH/YEAR

5 2009

(3)

(4)

(5)

MEALS

(6)

(7)

(A)

(B)

(C)

(D)

(8)

(9)

(2)

DATE TIME

LOCATION
WHERE EXPENSES
WERE INCURRED

LODGING

BREAK-
FAST

LUNCH

O.T., L/T,
N/C,
RELO. OR
DINNERINCIDENT-
TALSCOST OF
TRANSTYPE
USEDCARFARE
TOLLS
PARKINGPRIVATE CAR USE
MILES AMOUNTBUSINESS
EXPENSETOTAL
EXPENSES
FOR DAY

12

0600
1500Sacramento to San Francisco
and return

SC

189

N/A(SC)

STATE CAR

(10)

SUBTOTALS

189

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

warning - mileage total at right may contain SC miles->

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

5/12-Panel on Aging, Technology and the Environment at SF St. University-Downtown Campus

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

CALSTARS CODING

FY INDEX OBJ AG PCA AMOUNT PROJ-WP

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE, OFFICER APPROVING TRAVEL & PAYMENT

DATE

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE